STATE OF CALIFORNIA

## Surplus Line/Special Lines' Surplus Line

## **Deletion Application**

To be used only when deleting Surplus Line and/or Special Lines' Surplus Line Brokers

- Read Instructions on Reverse Side -

1	ORGANIZATION NA	ME:	(List name as show	vn on organization	license)			
2	ORGANIZATION LIC	 CENSE #	(List last seven digit					
3	COMPLETE THE FO	LLOWING INF	ORMATION PERTAINING	TO THE NATUR	AL PERSON(S)		_	
	TRANSACTOR		TRANSACTOR	NAME	MIDDLE	LICENSE TYPE PREFIX	RELATIONSHIP TO THE ORGANIZATION	WK STA
1	NUMBER	LAST	FIRST		MIDDEL	1115104		
2	quantum assurance degrated sourcem							
3								
4	Openium esperatum esperatum esperatum					AND SECURITION ASSESSMENT		
5	MERCENTAL CERTIFICATION COMMISSION COMMISSION					districtive designation		
6	entimento diferentia dell'esta diversione					***************************************		
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15		-	agentigen gegen det seen krig i krei felt i geen tijt it filmlingen om in tende gave geva om et geneemen ken m I					
4	ORGANIZATION	STATEMENT A	ND SIGNATURE:	:				4
	Request is made to the named organi	to the Insuranc ization's licens	Commissioner by the nate of the state of the	amed organizatio	on to delete the	transacting :	authority of the ab	ove named natural person from
	SIGNATURE	(Officer or Gene	ral Partner of Organization)	TTLE			PHON	E#( )

## FILING INSTRUCTIONS AND INFORMATION

- All entries, except the signature must be typed.
- TRANSACTOR NUMBER and TRANSACTOR NAME: (Column A and B)

Refer to the licensing form originally issued by the Department, for each specific license type under which the person was named; enter the four digit transactor number (appearing to the left of the transactor name) and the transactor name exactly as shown on that licensing form.

- . LICENSE TYPE PREFIX: (Column C)
  - SL Surplus Line Broker
  - SP Special Lines' Surplus Line Broker
- RELATIONSHIP TO THE ORGANIZATION: (Column D)

Enter one of the following: - EMPLOYEE, OFFICER, (give title), OR PARTNER.

If deleting an OFFICER; a letter, signed by an Officer of the organization must be attached to this application, listing

the full names and residence address of the current President, Vice-President, Secretary,

Treasurer, Directors and those Stockholders owning 10% or more of the stock.

If deleting a PARTNER; a 'Change in Membership of a Partnership' application (Form 421-4) and required fees must

be filed with this Department, within 30 days of such change, in order to continue the licensing

rights of the Partnership.

## - SAMPLE -

	TRANSACTOR	TRANSACTOR NAME	LICENSE	RELATIONSHIP TO THE	WK STA					
	NUMBER	LAST FIRST	MIDDLE		ORGANIZATION					
1	0037	Jones, Michael		SL	E					
2	0038	Jones, Michael	* .	SP	E					

- i. FEE: A Fee is required for each name deleted under each license type.
- If the <u>only</u> remaining person under a specific license type has been deleted, a new transactor must be named within 30 days from date of that deletion or the organization's license will be cancelled and a complete new organizational filing will be required.
- L To obtain insurance licensing <u>FORMS</u> by mail, send request to:

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
320 CAPITOL MALL
SACRAMENTO, CA 95814-4309

or you may phone Sacramento (916) 492-3061

- 1. To obtain insurance licensing information Phone Sacramento (916) 322-3555.
- Department of Insurance P.O. Box 1139
  Sacramento, CA 95812-1139